

04/26/01

31049 U.S. PTO

ATTORNEY DOCKET NO.: P- 9440

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

PATENT
Total Pages _____

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: CHESTER STRUBLE
TITLE: DRUG DELIVERY FOR TREATMENT OF CARDIAC ARRHYTHMIA

Assistant Commissioner for Patents
BOX PATENT APPLICATION
Commissioner of Patents and Trademarks
Washington, D.C. 20231

31049 U.S. PTO
09/842148
04/26/01

Sir:

We are transmitting herewith the attached:

X Patent Application Transmittal

X Specification:

Total pages: 33 (including claims and abstract): Spec. 23 sheets; Claims 9 sheets; Abstract - 1 sheet.

X Drawings:

Total sheets: 7

☐ formal ☒ informal

X Combined Declaration and Power of Attorney:

- ☐ newly executed
- ☐ copy from prior application
- ☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
- ☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

X Accompanying application parts:

- ☐ Notification of filing a
- ☐ Assignment of the Invention to Medtronic, Inc.
- ☐ Assignment cover sheet of prior application
- ☐ Information Disclosure Statement
- ☐ PTO Form 1449
- ☐ Copies of IDS citations
- ☐ Preliminary Amendment
- ☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
- X Return Postcard

IF A CONTINUING APPLICATION:

- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)
of prior application No. _____.
- ☐ Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation ☐ division ☐ continuation in part of application number _____, filed _____.
- ☐ Cancel in this application original claims _____ of the prior application before calculating the filing fee.
(At least the original independent claim must be retained for filing purposes.)
- ☐ The prior application is assigned of record to Medtronic, Inc.
- ☐ The Power of Attorney in the prior application is to: Medtronic, Inc.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.

☒ Address all future correspondence to: Thomas F. Woods, Reg. No 36,726
Medtronic, Inc., MS 301
710 Medtronic Parkway NE
Minneapolis, Minnesota 55432
Telephone: (763)514-3652

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	43	20	= 23	x 18	\$ 414
Independent Claims	6	03	= 3	x 80	\$ 240
Multiple Dependent Claims				+ 260	
Basic Filing Fee					\$ 710
TOTAL					\$ 1364

☒ Charge Deposit Account No. 13-2546 the sum of **\$ 1364.00** (Filing Fee) for a total of **\$ 1364.00**.

☒ The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

4-23-01
Date

Thomas F. Woods
Thomas F. Woods, Reg. No. 36,726
MEDTRONIC, INC.
710 Medtronic Parkway
Minneapolis, Minnesota 55432-5604
Telephone: (763) 514-3652
+31 43 356 6845